

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY - NAIC 65935**LTC Individual - Comprehensive - Tax Qualified**

Policy Form: MM500-P-1-CA

This policy is for Individual Comprehensive long term care insurance. The policy is classified as Tax Qualified.

Maximum Policy Benefit Amounts = In year(s).									
1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other	Company Notes
					YES				Notes: None reported by company.

Nursing Home Daily Benefit Amounts - There is a minimum and maximum amount offered in dollar increments.									
Minimum	Maximum	Increment	Day	Week	Month		Other	Company Notes	
\$50	\$400	\$10	YES						Notes: None reported by company.

Residential Care Facility Daily Benefit Amounts - Represents the percentage of the Nursing Home Daily Benefit Amount.									
100%	90%	80%	75%	70%	Other	Company Notes			
YES									Notes: None reported by company.

Home Care Benefit Amounts - Represents the percentage of Home Care Benefit Amount.									
100%	90%	80%	75%	70%	60%	50%	NONE	OTHER	Company Notes
YES									Notes: None reported by company.

Elimination Period = In days.									
0	20	30	60	90	100	CALENDAR	SERVICE	OTHER	Company Notes
		YES	YES	YES			YES	YES	Notes: :180 Days; Optional Enhanced Elimination Period; Optional Waiver of EP available for Home Care.

Inflation Protection									
5%		Guaranteed Purchase Option	Other	Company Notes					
Compound	5% Simple								
YES				Notes: 3% Compound					

Waiver of Premium

No premiums are due when Facility Services Benefit (FSB) or Home Care Benefit (HCB) are payable. Any unearned premium returned on a pro-rata- basis. Premium becomes due when FSB or HCB are no longer being paid.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY - NAIC 65935**Long Term Care Insurance Rates**

Policy Form: MM500-P-1-CA

LTC Individual - Comprehensive - Tax Qualified

30 Day Elimination Period (*Note: 20/30)**30 Day Elimination Period (*Note: 90/100)**

ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION
50	\$0	\$1,277	\$1,226	\$2,343	\$557	\$1,064	\$1,021	\$1,953
55	\$0	\$1,461	\$1,487	\$2,680	\$675	\$1,217	\$1,239	\$2,234
60	\$0	\$1,805	\$2,029	\$3,312	\$922	\$1,504	\$1,691	\$2,760
65	\$0	\$2,415	\$3,004	\$4,430	\$1,364	\$2,012	\$2,503	\$3,692
70	\$0	\$3,587	\$4,912	\$6,583	\$2,231	\$2,990	\$4,094	\$5,485
75	\$0	\$5,714	\$8,348	\$10,485	\$3,791	\$4,762	\$6,957	\$8,737
80	\$0	\$9,210	\$13,944	\$16,900	\$6,333	\$7,675	\$11,620	\$14,083

Customer Service Telephone Number: 1-800-272-2216

* Note: Company reported rates with a 30 Day Elimination Period, but have different Elimination Period Types.

1. Elimination Type 20/30 means the Elimination Period can be between 20 -30 days.
2. Elimination Type 90/100 means the Elimination Period can be between 90-100 days.

Please contact the company for more information regarding the long term care insurance rates.

NAIC_NBR	CoName	FORM_CD	TYPE_CD	CLASS_CD	CAT_CD	EP_0	EP_20	EP_30	EP_60	EP_90	EP_100	EP_CALEN
65935	MASSACHUSETTS	MM500-P-1-I		TQ	C			YES	YES	YES		

MBP_1	MBP_2	MBP_3	MBP_4	MBP_5	MBP_6	MBP_7	MBP_LIFE	MBP_OTHE	MBP_NOTES
					YES				Notes: None reported by company.

NHB_MIN	NHB_MAX	NHB_INC	NHB_DAY	NHB_WK	NHB_MON	NHB_NOT	NHB_OTHE	NHB_NOTES
50	400		10	YES				Notes: None reported by company.

RCFE_100	RCFE_90	RCFE_80	RCFE_75	RCFE_70	RCFE_OTH	RCFE_NOTES
YES						Notes: None reported by company.

HCB_100	HCB_90	HCB_80	HCB_75	HCB_70	HCB_60	HCB_50	HCB_NONE	HCB_OTHE	HCB_NOTE	HCBO_MIN	HCBO_MAX	HCBO_INC
YES												Notes: None reported by company.

EP_0	EP_20	EP_30	EP_60	EP_90	EP_100	EP_CALEN	EP_SERVICE	EP_OTHER	EP_NOTES
		YES	YES	YES			YES	YES	Notes: :180 Days; Optional Enhanced Elimination

IP_METH	IP_5C	IP_5S	IP_GPO	IP_OTH	IP_NOTES	WAVP_DESC
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Explain method	YES				Notes: 3% C Explain here: No premiums are due when Facility Services Benefit (FSB) or Home Care
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EP_SERVIEP_OTHE	EP_NOTE	MBP_1	MBP_2	MBP_3	MBP_4	MBP_5	MBP_6	MBP_7	MBP_LIFE	MBP_OTH	MBP_NOT
YES	YES	Notes: :180 Days; Optional Enahanced Elimination Period; O							YES	Notes: No	

HCBO_DAY	HCBO_WK	HCBO_MO	HCBO_NO	HCBO_OT	HCBO_NOTES
	YES				Notes: None reported by company.

n Period; Optional Waiver of EP available for Home Care

Benefit (HCB) are payable. Any unearned premium returned on a pro-rata- basis. Premium becomes due when FSB or HCB are no longer being paid.

NHB_MIN	NHB_MAX	NHB_INC	NHB_DAY	NHB_WK	NHB_MON	NHB_NOT	NHB_OTH	NHB_NOT	RCFE_100	RCFE_90	RCFE_80	RCFE_75
50	400	10	YES									

Notes: No YES

RCFE_70	RCFE_OTI	RCFE_NO	HCB_100	HCB_90	HCB_80	HCB_75	HCB_70	HCB_60	HCB_50	HCB_NON	HCB_OTH	HCB_NOT
											Notes: No	
												Notes: No

HCBO_MI HCBO_MA HCBO_IN HCBO_DA HCBO_WI HCBO_MC HCBO_NC HCBO_OT HCBO_NC QB_2_OF_ QB_2_OF_ QB_OTH1 QB_MN
ne reported by company. YES Notes: No YES

QB_CI	QB_90DR	QB_OTH2	QB_NOTES	IP_METH	IP_5C	IP_5S	IP_GPO	IP_OTH	IP_NOTES	WAVP_DESC
YES	YES		The need fo	Explain m	YES				Notes: 3%	Explain here: No premiums are

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